

California State Journal of Medicine

OWNED AND PUBLISHED MONTHLY BY THE MEDICAL SOCIETY OF THE STATE OF CALIFORNIA

BUTLER BUILDING, 135 STOCKTON STREET, SAN FRANCISCO

Editor and Secretary : : : : : W. E. MUSGRAVE, M. D.
Managing Editor : : : : : CELESTINE J. SULLIVAN

VOL. XIX

NOVEMBER, 1921

No. 11

MORE ABOUT THE YOSEMITE MEETING

This is a continuation of the editorial in the October number of the Journal, relating to the Yosemite meeting. If you have not read that editorial please do so.

Transportation and Hotels: All matters of every description regarding any phase of transportation or hotel accommodations have been placed in the hands of a committee representing the Yosemite Transportation Committee and the State Medical Society. The personnel of this committee is as follows:

Mr. H. H. Hunkins, Traffic Manager, Yosemite Transportation Co., 637 Pacific Building, San Francisco, Chairman of the Committee.

Dr. James H. Parkinson, 1601 I Street, Sacramento.

Dr. Morton Gibbons, 350 Post Street, San Francisco.

Dr. Paul M. Carrington, 809 Watts Building, San Diego.

Dr. T. C. Edwards, Salinas.

Dr. William H. Kiger, 711 Pacific Mutual Building, Los Angeles.

Mr. R. E. McCormack, Chief Clerk, Yosemite Transportation Co., 637 Pacific Building, San Francisco, Secretary of the Committee.

The Publicity Committee has an announcement which appears on page 446 of this Journal. Please read it.

There will be ample accommodations for every person who wishes to attend the meeting in Yosemite. The earlier the reservation, the more certain you will be to get what you want. Write to Mr. Hunkins' office without delay, stating your needs. At the same time ask the same committee regarding your transportation. The railroad companies are making provision whereby tickets may be purchased to Yosemite and return home, or they may be purchased to St. Louis for the A. M. A. convention, with stopover privileges of four days in Yosemite. The rates will be such as the railroad companies can arrange for under the rules of the association of terminal lines and as provided for by the Railroad Commission.

The committee on transportation and hotels will have its offices at 637 Pacific Building, San Francisco, and in ample time will transfer these offices to Yosemite Park. In the Yosemite office there will be present during the convention a representative of all the railroads, with power to vise and make necessary changes in tickets or to sell tickets.

Do not forget that the meeting is Monday to Thursday, the 15th to 18th of May.

The program will be published in February and those interested in contributing papers should address the secretary of the appropriate section (list published on page 447 of this Journal) without delay.

Any question or problem of any description should be promptly communicated to the Secretary of the State Society.

ABOUT "FEE SPLITTING"

There is a growing confusion and not a little misunderstanding in the minds of many physicians regarding "fee splitting." The evidence seems to indicate a certain amount of definite encouragement of both the confusion and the misunderstanding.

The Principles of Ethics very specifically and quite properly condemns the *secret* division of a fee. It is also unprofessional to give or receive a commission. In other words, it is degrading and unprofessional for a physician to be a party to any transaction that permits payment for anything except for services rendered to the patient. On the other hand, each and every physician actually rendering service to any patient is entitled to share in whatever compensation is available for the composite service. The Principles of Ethics specifically provide for this situation in the latter part of Section 3 of Article VI:

"It is also unprofessional to divide a fee for medical advice or surgical treatment, unless the patient or his next friend is fully informed as to the terms of the transaction. The patient should be made to realize that a proper fee should be paid the family physician for the service he renders in determining the surgical or medical treatment suited to the condition, and in advising concerning those best qualified to render any special service that may be required by the patient."

This section provides quite definitely for divisions of a fee, protects the family physician in charge of the patient and the patient or person who pays the bill. It quite definitely provides that the patient must be fully informed of the arrangements for the division of the fee among all those who have served, and intimates with sufficient clarity that the family physician should assume a responsible role in such transactions.

There is nothing that is confusing or difficult to understand in our ethics. They condemn *secrecy* in the apportionment of earned fees; condemn

the payment of fees from any person to any other person by rebate, commission or in any other manner for any purpose, except professional services rendered, and they provide a perfectly clear method by which each and every physician rendering service may have his earned share of whatever funds are available for the purpose.

With these facts before the profession, there is nothing surprising in the growing resentment that is being expressed against any person or organization that condemns the proper division of fees in accordance with the expressed ethics. The actions of some few who have been attributing virtue to themselves by keeping the whole fee, where service has been rendered by more than one physician, under close analysis are found to be in violation of the letter and spirit of our published ethics and their policy open to the criticism of fundamental selfishness.

"EVANGELISTS" OF SORTS

This appears to be the season for evangelists (?) in California. Some of these sensational, notoriety seeking psychopaths ought to have the attention of our sane community service organizations. The charlatans of the past were usually both religion and health fakers, acrobatic in gesture, strong in voice, with little regard for the truth and often ignorant. History is repeating. Today, as yesterday, they practice medicine behind a cloak of false religion rather than with a license based upon education, and they play upon the prejudices, jealousies and shortcomings of the emotionally inclined persons who go to hear them. They always leave behind them an exhausted, disappointed group of "believers" and a lot of jealousies that are hardly healed before another of their kind appears to reopen the wounds.

It is difficult to understand how so many of these psychopaths get permission to operate their circuses under the cloak of religious denominations that we have all been taught from childhood to respect.

MONKEY TESTICLES AND "LOST MANHOOD"

Certain elements of the public press and a few physicians who have apparently traded their ideals and ethics for temporary public notoriety are out to restore the sexual powers of a lot of old men by the transplantation of monkeys' testicles. The next step in this circus type of research probably will be to use the ovaries of the female ring-tailed monkey to restore the sexual powers of jaded women. We are due to read a lot about "hormones" and a lot of other hypothetical substances before we see the last of this propaganda, unless the financial response from the public fails to warrant a continuance of the "experiments" and the advertising. It is interesting to speculate upon the future influence of the "monkeyized" group of our fellow citizens upon such important questions as reform in dress and the determination of parentages. Speculations regarding its effect upon posterity by these would-be youths we leave for consideration by eugenic societies.

AN ANATOMICAL STUDY OF EIGHT CASES OF DEGENERATION OF THE CORNEA.

By CHARLES MAGHY, M. D., Chicago.

Under the title "Degeneration of the Cornea" we distinguish chiefly four forms—hyaline, calcareous, colloid, and amyloid. These degenerations have already been considered clinically and histologically by many authors, whose opinions regarding their origin and the mode of formation do not coincide. Moreover, the homogeneous, highly refractile, organic degenerative material, which appears clinically as yellow spots in the cornea, has been termed by different authors: colloid, hyaline, and amyloid, respectively.

I will first mention briefly the hitherto expressed important opinions of the origin and mode of formation of this material.

Degeneration of the cornea was first described by Baselin as amyloid, in an eye that was staphylomatous. He found in the superficial layers of the scar of the human cornea peculiar, highly refractive, organic masses of various shapes, not unlike those pictures which Goldzieher, Saemesch, Wedl and Bock described as colloid of the cornea, which, however, with a 2 per cent iodine solution gave the typical amyloid reaction. Baselin is of the opinion that the refractile masses are in no way related to cells of the epithelial layer, and when found in this situation have invaded the same from the stroma cornea below.

E. von Hippel arrived at the same conclusions regarding the amyloid reaction. He regarded the refractile masses as taking their origin from altered red blood cells.

Saemesch described in the epithelial layer and in the scar tissue of the cornea the appearance of rounded, drop-like and faceted cavities with thickened walls, formed by material which had a strong light-refracting capacity, which might be considered colloid bodies.

Goldzieher described in a scar staphyloma immense accumulations of colloid in the superficial layers of the cornea.

Wedl and Bock mentioned the appearance of colloid bodies in the cornea of eyes that showed nutritional changes.

Schiele considered the refractile masses were not of an amyloid nature, but were composed of glycogen.

Kamocki claimed the homogeneous, strongly refracting globules were hyaline in nature, from the manner in which they stained.

Baquis expressed the opinion that colloid and amyloid might have the same origin, or at least bore a close relationship. In his opinion the colloid material took its origin from the epithelial cells, or from the fluid circulating in the cornea.

Vossius considered the calcareous deposits were secondary to an inflammatory growth of the connective tissues, the refractile masses breaking through Bowman's membrane.

Sachs alber concluded that the refractile bodies were always extra cellular and primarily belonged to the cicatricial tissue, and when found in other parts of the cornea, they arrived there secondarily.

Birch Hirschfeld believed the refractile bodies